



PTO/S8/01 (12-97)
Approved for use Prough 9/30/00. OM9 0851-0032
Patent and Trederrank Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persone are required to respond to a coffection of information unless 4 contains a velid CMB control number. Please type a plus sign (+) inside this box \longrightarrow 00-124 **Attorney Docket Number DECLARATION FOR UTILITY OR** Jack M. Tarbox First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date Declaration □ Declaration ÓR Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

ī	As a below named inventor, I hereby declare that:							
My residence, post office addross, and citizenship are as stated below next to my name.								
) beid	I believe I am the original, first and sole inventor (if only one name is based below) or an original, first and joint inventor (if plural names are issted below) of the subject matter which is dialined and for which a patent is sought on the invention orbitled:							
WI	WING SPAR MODIFICATION KIT							
	the specification of which							
W	is attached hereto OR							
		(MM/DD/YYY)		as Unite	d States Applicat	tion Number or PC1	[International	
Applica	ition Number		and w	as amended on (MM/DD/Y	m		(if applicable).	
t heret	y state that I	have reviewed a	end understand the ically reterned to ab	contents of the above ident	Med specificatio	n, including the class	ms, as	
	· · · •	<i>f</i>	•	material to patentability as	defined in 37 CF	R 1.56.		
America	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or \$65(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any toreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Pitter F	oreign Applic Number(s)	ation	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	Attached?	
			-					
					1 17 1			
i								
					0000	9999	0000	
☐ Acc	atonal foreign	apokraton num	ibers are isstad on a	supplemental priority data	0	CB atlacted hereto		
Lhere	ין פילן תוקלים עיל	onglij linger 35 i		supplemental priority data ny United States provincensi	sheet PTO/SB/0			
Lhere		onglij linger 35 i	U.S.C. 1199) of an		sheet PTO/SB/0			
Lhere	ין פילן תוקלים עיל	onglij linger 35 i	U.S.C. 1199) of an	y United States provisional	sheet PTO/SB/(and below.	pplication	
Lhere	ין פילן תוקלים עיל	onglij linger 35 i	U.S.C. 1199) of an	y United States provisional	sheet PTO/SB/(sppicsition(s) in	fact below.	ipplication	
Lhere	ין פילן תוקלים עיל	onglij linger 35 i	U.S.C. 1199) of an	y United States provisional	sheet PTO/SB/(s) in Addition number supple	and below. onal provisional a ars are listed on a	upplication a ata sheet	

[Page 1 of Z]

Burden Hour Statument: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the ineeds of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Other, Patient and Trademark Office, Washington, DC 20231. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.

Express Mailed on: 10/25/2000 Mailing Label No.: El 29/4/253 40 5



PTO/S8/01 (12-97)

Approved for use through 9/30/00. OM8 0551-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. serse type a plus sign (+) Inside this box 🗢 🛨

DECLA	RATIO	4—	- Utility	or l	Desig	n Pate	nt /	App	olication	on
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 355(c) of any PCT international application designating the united States of America, listed below and, marker as the subject institer of each of the catine of the explication is not disclosed in the prior United States or PCT International application in the menner provided by the first paragraph of 35 U.S.C. 112, I admovfedge the duty to disclose information which is insterial to patentiability as defined in 37 CFR 1.56 which became available between the filting date of the prior application and the regional or PCT international tiling date of the spilication.										
U.S. Parent Application or PCT Parent Parent Filing Date Parent Number (MM/DD/YYYY) (if applicable										
									D ROM THE	
Additional U.S. or F		• •						-		
As a named inventor, the and Trademark Office co	amby appoint the innacted therewit		g registered pra Customer Mumb	er (24124	B ting abbreste	in and k	- T	Para Car	hillian in the second
		^	OR Registered practitioner(s) remarkapstration number listed below					<u> 2412</u>		
		<u> </u>	Registr	etion .		Nam		PATE	T Target	stration
Name			Numb		011					
Additional registeres	i practitionor(s) n	amad on	supplemental F	Registered	Practitioner	Information sh	si PTO	SB/020	attached han	eto.
Direct all correspondence to: Customer Number or Bar Code Label										
Name										
Address .						••			······	
Address					-		71P	<u> </u>		
City USA	*			<u>, </u>	State			 		
Country USA Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are beliefed to be true, and further that those statements were made with the knowledge that within take statements and the bits so made are purphished by fire or impressionment, or both, under 18 U.S.C. 1001 and that such within take statements may propartize the variety of the application or any patent issued thereon.										
Name of Sole or First Inventor:							entor			
Given Name (first and middle (if any))					Family Name or Sumame					
Jack M. Tarbox										
Inventor's Signature							10/25/00			
Residence: City	nce: City Sanford MI			ME	Country	, 1	JSA		Cilleenship	ÚSÁ
Post Office Address	17 Emerso	n Str.								
Post Office Address	Post Office Address									
City	Sanford	State	ME	ZIP	04073		Cou	ntry	USA	
2 Additional invento	rs are being na	med on	the 1 sup	plementa	l Additions	l inventor(s) :	sheet(s) PTO	SB/02A atta	ched hereto

新日本のお客屋を放送されるのでは、お客屋はお客屋をお客屋をおります。



Please type a plus sign (+) inside this box → +

PTC/rSB/02A (3-97)

Sign (+) inside this box -> T

Accroved for use through 9/30/98. OMB 9551-0032

Patent and Trademan Officer, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it curtains a valid OMB control number.

D		ADDITIONAL INVENTOR(S) Supplemental Sheet Pege 1 of 1							
Name of Addition	al Joint Inventor, if any	v:		A petitio	n has been fik	ed for this	unsigned	inventor	
Green Name (first and middle (if any))				Family Name or Surname					
Philip J.						Baker			
inventor's Signature		Be	1	*		′	0/25/a) Date		
Residence: City	Laconia	State	NH	Country	U.S.A		Citteenahip	u.s.	
Post Office Address									
Post Office Address			28 N	estledo	wn Road				
City	Laconia	State	NH	23P	03246	Country	U	I.S.A.	
Name of Addition	nal Joint Inventor, if an	у:		A petitio	n has been file	ed for this	unsigned	inventor	
Given Nar		Family Name or Sumarite							
inventor's Signature							Oate		
Residence: City		State	ME	Country			Citizenshi	p.	
Post Office Address									
Post Office Address									
City		State		ZIP		Count	77		
Name of Addition	nal Joint Inventor, if an	у:	. [A petito	n has been fil	ed for this	s unsigned	inventor	
Given Name (first and middle (if any))				Family Name or Surname					
Inventor's Signature	Chitis	T. B	ar_				Date	10/25/00	
Residence: City		State		Country	U.S.A.		Cattennate	J.S.	
Post Office Address			 _						
Post Office Address			· · · · · · · · · · · · · · · · · · ·		·		· - L -		
City		State	ME	ZIP		Co	wintry U.	S.A.	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Turns will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Petent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





PTO/SB/09 (12-97)
Approved for use through 9/30/00. ONS 0551-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Preparation Reduction Act of 1985, no parsons are required to respond to a collection of information unless it displays a wald OMS control number.

STATEMENT CLAIMING SMALL EASTITY CRAFTLE.

STATEMENT CLAIMING SMA (37 CFR 1.9(f) & 1.27(b))IND		Docket Number (Optional) 00-124						
Applicant, Patentse, or Identifier.	JACK M. TAR	вох						
Application or Patent No.:								
Filedorlssued:	Filedor Issued:							
Title: WING SPAR MODIFICATION KIT								
As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:								
the specification filed herew	ith with title as listed above.							
the application identified abo	ovê.							
the patent identified above.								
grant, convey, or license, any rights under 37 CFR 1.9(c) if that person	I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).							
Each person, concern, or organiza obligation under contract or law to	Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:							
No such person, concern,	No such person, concern, or organization exists.							
Each such person, concern, or organization is listed below.								
Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27) I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))								
JACK M. TARBOX	PHILIP J. BAKER							
NAME OF TIME NTOR	NAME OF INVENTOR	NAME OF INVENTOR						
Signature of Inventor	Might Bul. Signature of invertor	Signature of inventor						
10/24/00 Date	10-24-00 Date	Date						
	_ :							

Burdon Hour Statement: This form is estimated to take 0.2 hours to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patient and Tradement. Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients. Washington, DC 20231.

Express Mailed on: 10/25/2000 Mailing Label No.: EL29141253405